

## **Elevator Journeyperson Licensing Information**

### **License**

All individuals who install, alter, maintain, repair, service, adjust, inspect, or test elevators must be licensed by the Elevator Safety Board of the Michigan Department of Labor & Economic Growth.

There are three classification types of elevator journeyperson licenses:

- Class A – Unlimited
- Class B – Maintenance and repair
- Class C – Special types of elevators

### **Duration of License**

Initial licenses are valid for one year from the date of issuance. Licenses must be renewed annually.

### **Examination**

All applicants must pass a written examination of multiple-choice questions. A score of at least 70% is required to pass. The exam is given periodically in Okemos.

Applicants may prepare for the exam by studying the ASME A17.1-2004, Safety Code for Elevators and Escalators; ASME A18.1-2003, Safety Standard for Platform Lifts and Stairway Chairlifts; the Michigan Elevator Laws and Rules; 1967 PA 227; 1976 PA 333; the current Michigan Electrical Code, NFPA 70; ASME A90.1-2003, Safety Standards for Belt Manlifts; and the ANSI A10.4-2004, Safety Requirements for Personnel Hoists.

### **Requirements & Regulations**

Applicants for licensure must:

1. Have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
2. Provide 2 written references.
3. Pass the written examination.
4. Comply with the rules and regulations of the Elevator Safety Board.

### **Reciprocity**

None.

### **Fees**

Examination fee: \$100.00 (nonrefundable)  
Initial license fee: \$40.00  
Renewal license fee: \$40.00

### **Licensing Authority**

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
Elevator Safety Board  
P.O. Box 30255  
Lansing, MI 48909

### **Governing Michigan Statute(s)**

1976 PA 333.

### **Internet Address**

[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

Elevator Examination Applicants  
**Marginal Markings**

The Elevator Safety Division has received several inquiries into the possibility of allowing some type of marginal marks to be allowed in the National Standards used during open book tests for Elevator Journeyperson, Elevator Contractor, and Certificate of Competency examinees. Our research has shown that the Michigan Building Code does in fact have these types of markings printed in the document.

After review and consideration, the Elevator Safety Division has decided to approve only specific marginal markings within the standards used for testing. These marginal markings shall meet the following requirements:

- All margin marks shall be in black ink.
- An asterisk in the margin shall be used to identify sections of the National Standard not adopted by the State of Michigan. The asterisk shall be placed in the margin adjacent to the referenced code section, approximately across from the referenced section number.
- Double vertical lines in the margin shall be used to denote amendments and additions promulgated by the State of Michigan Department of Labor & Economic Growth, modifying any of the following National Standards, ASME A 17.1-2004, ASME A18.1-2003, ASME A90.1-2003, and ANSI A10.4-2004. These double vertical lines shall be in the margin adjacent to the code section. The parallel lines shall start approximately at the top of the referenced code section and shall extend to the bottom of that section and shall be approximately 1/16 inch apart. Also permitted at the beginning of the amended section is the Michigan Rule number, for example Rule1 or M1.

Marginal marks not meeting the specific requirements above shall be considered a violation of the examination rules.

Code books will be checked before and after each exam session to ensure the integrity of the exam is not compromised. Code books may contain index tabs numbered 1 thru 10 corresponding to the referenced code section. No other markings will be permitted within the code book. This includes highlighting, underlining or text aids. Margin notes or other notations will not be permitted in code books during the examination process. Any violations of the examination site rules will result in the surrendering of the examination and the applicant will be asked to leave the examination site. The examination will not be graded and the applicant will have been considered as failing the examination.

Please keep in mind that elevator examinations will be comprised of questions from many different code books. This may result in a need to bring more than one code book to the examination. The requirements stated above pertain to all code books brought to the exam site.

**Application for Elevator Journeyperson License Examination****180**

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

**OFFICE USE ONLY**

<input type="checkbox"/> APPROVED	DATE _____
<input type="checkbox"/> REJECTED	INITIALS _____

**EXAMINATION FEE: \$100.00 (nonrefundable)**

Authority: 1976 PA 233 Completion: Mandatory As Required By Section 6 Penalty: Examination Will Not Be Given	DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

**HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?** ☐ No ☐ Yes**APPLICANT INFORMATION**

CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C - Device Type _____		
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER*
ADDRESS	TELEPHONE NUMBER (Include Area Code)	
CITY	STATE	ZIP CODE

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
DID YOU GRADUATE? <input type="checkbox"/> Yes, Year _____ <input type="checkbox"/> No		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
NAME AND ADDRESS OF HIGH SCHOOL   							
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____		BACHELORS DEGREE? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Major _____ Minor _____					
		CREDITS EARNED <table border="1"><tr><th>UNDERGRADUATE</th><th>GRADUATE</th></tr><tr><td>Term _____ Semester _____</td><td>Term _____ Semester _____</td></tr></table>		UNDERGRADUATE	GRADUATE	Term _____ Semester _____	Term _____ Semester _____
UNDERGRADUATE	GRADUATE						
Term _____ Semester _____	Term _____ Semester _____						
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE Name _____ Location _____ Date _____		GRADUATE DEGREE Date _____					
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS Name _____ Location _____		MAJOR DATE ATTENDED (Mo-Yr) to (Mo-Yr) TYPE OF CERTIFICATE OR LICENSE AWARDED					

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**REFERENCES** - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment.

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS			CITY	STATE	FROM: TO:
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
ADDRESS			CITY	STATE	FROM: TO:
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT	DATE